



Pit ID# 23 P 116
FOR OFFICE USE ONLY

Station 26 1/25/90 sm

UIC-15

PRODUCTION PIT NOTIFICATION

TYPE OR PRINT

1. Operator Name: Taylor Energy Company Operator Code: 5852
Address: 234 Loyola Bldg., Ste. 500
New Orleans, LA 70112 Contact: M. Lee Broussard
Phone: (504) 581-5491

2. Pit Facility or Lease Name and/or Identification: Brownell Drew Facility

3. Well Name and Number of the Nearest Well: Salt Water Disposal #2 Serial No.: 970038

4. Field: Bayou Pigeon Field Code: 0992

5. Sec 24, Twp 12S, Rge 10E, Parish: Iberia

6. Location description of center of pit (approximate distance and direction from section lines or from identified well -- draw location sketch on back, if helpful):
Center of pit approximately 70 yards north of SWD #2.

7. Type of Pit: Produced Water Test Washout Burn
 Natural Gas Processing Plant Compressor Station Emergency
 Other (explain) _____

8. Dimensions: Length: 135 ft., Width: 72 ft., Average Depth: 4 ft.

9. Type of liner (if applicable):
 Natural Clay Soil-Additive Mixture Recompactd Clay
 Manufactured: Manufacturer _____
Liner Style/Model # _____
 Combination of: _____
 Other: _____

10. Check one of the following:
- THIS IS A NEW PIT TO BE CONSTRUCTED. I certify that this pit will conform to the requirements of Statewide Order 29-B, Section XV, Paragraph 2, as amended January 20, 1986. Upon request, I will be prepared to supply documenting evidence (lab or engineering test data, receipts, photos, etc.) that the construction and liner requirements of Subparagraph 2.4 have been met.
 - THIS IS AN EXISTING PIT TO BE USED. I certify that by January 20, 1989, this pit will conform to the requirements of Statewide Order 29-B, Section XV, Paragraph 2, as amended January 20, 1986. After conforming to the requirements, upon request, I will be prepared to supply documenting evidence (lab or engineering test data, receipts, photos, etc.) that the construction and liner requirements of Subparagraph 2.4 have been met, unless this pit has subsequently been closed.
 - THIS IS A PIT TO BE CLOSED. I certify that this pit will be closed by January 20, 1989, according to the requirements of Statewide Order 29-B, Section XV, Paragraph 2, as amended January 20, 1986. After closure and upon request, I will be prepared to supply documenting evidence (lab results, receipts, photos, etc.) that this pit was permanently closed according to the requirements of Subparagraphs 2.6 and 2.7.

8/6/06

M. Lee Broussard
(Signature of Responsible Party)

June 24, 1986
(Date)

M. Lee Broussard
(Print or Type Name)

Operations Manager
(Title)

PRODUCTION PIT INSPECTION REPORT

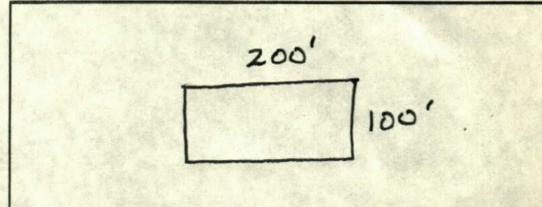
DNR/Office of Conservation

Serial Number 23P116/970038	Date 7/19/89	Operator Taylor Energy (5852)
Lease Name Landry SWD #2		Address 234 Loyala Blvd.
Location Sec 24 : T 12S : R 10E :		New Orleans, La. 70112
Parish Iberia		Phone () -
Field Bayou Pigeon (0992)		Contact

A. INSPECTION REASON

Periodic Reinspection Complaint # _____

DIAGRAM



B. PIT CLASSIFICATION

Produced Water Well Test Washout
 Emergency Compressor Station
 Burn Natural Gas Processing Plant
 Other: _____

REMARKS

Pit was closed in 1987
by Section Cont. and
Diamond Fab.

C. SITE MAKEUP

Upland Wetland
 Well-drained Elevated
 Incline > 5% Submerged

D. STATUS

Active Inactive
 New Construction Closed

E. DIMENSIONS

Length 200 ft. x Width 100 ft.
 Average Depth _____ ft.

F. MANUFACTURED LINER

YES NO

G. OPERATIONAL STANDARDS

- INTEGRITY OF PIT LEVEES
 OK Deficiency (see remarks)
- DISCHARGE OF N.O.W.*
 None Authorized (permit no. _____)
 Deficiency (see remarks)
 present past both
 overflow siphon/pumped
 breach in levee bleeder
 seepage (_____ lateral or _____ subsurface)
- FREEBOARD _____ inches
- FIRE HAZARD
 None Deficiency (see remarks)

H. QUINTAB READING(S) - (Discharge Only)

Sample 1 N/A Sample 3 _____
 Sample 2 _____ Sample 4 _____

____ Photos Attached

____ See Attached Narrative Report

* Nonhazardous Oilfield Waste (N.O.W.)

Pit ID # <u>23 P116</u>	Inactive Status Notification <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> Deficiency
Verify Form UIC-15 <input checked="" type="checkbox"/> Compliant <input type="checkbox"/> Deficiency	Special Operational Provisions <input checked="" type="checkbox"/> N/A <input type="checkbox"/> OK <input type="checkbox"/> Deficiency
Exemptions:	
Review Date <u>1/25/90</u> by <u>SDM</u>	
Disposition <input checked="" type="checkbox"/> OK <input type="checkbox"/> N/C <input type="checkbox"/> P/V	

For Office Use

THE OPERATOR'S REPRESENTATIVE SHALL SIGN THIS REPORT TO ACKNOWLEDGE RECEIPT OF HIS COPY, YOUR SIGNATURE CANNOT BE CONSTRUED AS AN ADMISSION OF GUILT FOR ANY VIOLATIONS CONTAINED IN THIS REPORT.

M. D. Williams
 Operator's Representative
Thomas P. Robert
 Conservation Enforcement Agent

IN COMPLIANCE yes no